



## **Continuation Guidance – Budget Year Four**

### **Annex A**

### **Summary of Smallpox Preparedness Activities**

#### I. Background and rationale

This annex is intended to provide a summary of the smallpox “recipient activities” that are found in each of the Focus Areas within the continuation guidance. Recipients are not required to respond to this Annex in their Project Period IV continuation workplans, however responses to the smallpox recipient activities should be included in the workplans of each Focus Area in which they are found.

The goal of smallpox preparedness is to ensure federal, state, and local health agencies have optimal capacity to respond to a smallpox outbreak.

#### II. Activities to date

National Smallpox Vaccination Program:

In 2002, state and selected local health departments received guidance to develop two types of smallpox response plans - Pre-Event Response Plans, and Post-Event Response Plans.

The intent of the Pre-Event Response Plans was “To increase the nation’s smallpox preparedness capacity by:

- (1) offering vaccination safely to volunteer public health teams (including vaccinators) to conduct investigations and outbreak control for the initial cases of a smallpox event; and
- (2) offering vaccinations safely to key volunteer healthcare workers who would treat and manage the initial smallpox cases and suspects.

The Pre-event Response Plan guidance asked grantees to identify the number and kinds of personnel necessary for an adequate response to confirmed smallpox case and/or an outbreak. Individuals selected may have oversight in the following areas: surveillance/epidemiology, contact related activities (identification, tracing, vaccination, and surveillance), and data management. Requirements for equipment and logistics including adequate space, office equipment and supplies, computer support, transport, and safety should also be addressed through this guidance. Required communications equipment includes telephone lines, telephone banks, cell phones, computers, and printers.

The intent of Post-event Response planning was to enable state and local public health agencies to quickly and effectively respond to one or more confirmed cases of smallpox. The Post-event plan guidance asked grantees to plan for several activities expected to be undertaken if there is a confirmed case of smallpox, including: 1) Isolation and treatment of cases; 2) Diagnosis; 3) Vaccination of public health and healthcare response personnel and first responders in affected communities; 4) Surveillance for new cases; 5) Containment activities; 6) Epidemiologic investigations; 7) Large scale vaccination; 8) Information management; and 9)



## Communications.

The national smallpox preparedness effort will continue to build on the two state- and local-based planning activities as well as Federal goals and objectives.

### III. Smallpox Preparedness Elements

To improve national smallpox preparedness, increased focus on all the elements needed to assure acceptable levels of preparedness is required. Based on knowledge of the disease and public health response strategies needed to control and contain an outbreak of smallpox, the following preparedness elements must be addressed:

1. Preparing key responders before an event occurs,
2. Rapid detection, identification, investigation and response to suspect or confirmed cases of smallpox, and
3. Protection of the public including provision of mass vaccination clinics.

In accordance with grantees “Pre-Event Response Plans”, the focus of this cooperative agreement workplan should remain on preparation of those individuals and teams who would be essential to creating an effective level of preparedness for a smallpox outbreak response.

Resources in these two categories are defined below:

- a. Healthcare Response Resources: Individuals and teams are selected by state and local health agencies in collaboration with participating hospitals. These individuals and teams would be called upon to evaluate, treat, isolate, and manage victims that present to the hospitals with smallpox disease seeking care. They will also be trained to vaccinate additional members of the healthcare environment should mass vaccination be needed. The numbers of individuals and teams needed should be determined by the state and local health agencies working with their hospitals. Since a case of smallpox could appear at any one of these institutions considerations must be made to ensure each facility has an acceptable number of teams vaccinated.
- b. Public Health Response Resources: Individuals and members of these teams are selected by state and local public health agencies. These teams would be called upon to investigate an outbreak of smallpox, track contacts, and implement necessary control measures (e.g., smallpox vaccination). Since a case of smallpox discovered anywhere in the world would raise the level of public demand for vaccine, these teams must be large enough to initiate population-based vaccination programs in a moments notice. These teams should also include individuals who would be called upon to operate large-scale vaccination clinics, to provide outbreak investigation surge capacity, and act as vaccinators.

In the event that a grantee is comfortable with the level of implementation of the “Pre-Event



Response Plan”, grantees may begin training and vaccination of additional key public health and healthcare response personnel and first responders that may be put in harm’s way if there were a case of smallpox anywhere in the world.

A large number of personnel (e.g., additional public health workers, law enforcement personnel, and first responders) will be needed to control the outbreak, and healthcare workers will be needed to diagnose, manage, and treat cases who are likely to be exposed to smallpox as part of their work responsibilities. Training and vaccinating key individuals before an event may allow for rapid implementation of mass vaccination clinics if warranted.

Should the grantee feel they are in a position to expand their program, additional resources that may be called on to provide services if an event occurs should be trained and vaccinated in the following order:

- a. Security staff needed to maintain public order: This includes police and other security staff who would be called upon during a smallpox outbreak to provide security at smallpox vaccination clinics and to enforce public health interventions necessary to control and contain the outbreak. These individuals would be identified by public health agencies in collaboration with their state and local law enforcement agencies. Vaccination of key members of these groups, as well as training individuals to be vaccinators could be a strategy to allow for quick mobilization if a confirmed case of smallpox is reported.
- b. EMS staff needed to transport ill patients: Members of this group will be selected by public health agencies working with their various emergency medical services (EMS) organizations, which may include members of the fire services. Smallpox is most contagious when the patient is very ill and potentially unable to transport themselves to hospitals for care. EMS personnel will be called upon to transport these serious cases and need to be protected. Vaccination of key members of these groups, as well as training individuals to be vaccinators could be a strategy to allow for quick mobilization if a confirmed case of smallpox is reported.
- c. Hospital staff occupationally at risk: In addition to the healthcare response teams, there may be other staff working in hospital settings that may come in direct contact with smallpox patients during the course of their care and treatment. These individuals should be identified by the hospital’s infection control staff and offered vaccination. Vaccination of key members of these groups, as well as training individuals to be vaccinators could be a strategy to allow for quick mobilization if a confirmed case of smallpox is reported.
- d. Private healthcare providers and their staff who may occupationally at risk: Smallpox patients may present to their personal healthcare provider for treatment, exposing not only their provider but also the provider’s staff. Public health agencies should work together with healthcare provider professional



organizations and health plans to determine a strategy to reach out to this particular group. Vaccination of key members of these groups, as well as training individuals to be vaccinators could be a strategy to allow for quick mobilization if a confirmed case of smallpox is reported.

Previously submitted Pre-event and Post-event smallpox response plans should be used as platforms to assure the public that public health has the capacity to fully vaccinate the entire population within a short period of time once smallpox disease has been identified.

Grantees completion of activities associated with the Focus Areas provides critical capacities needed to increase the overall preparedness to improve public health practice, not just smallpox preparedness. Education, training, and communication are support tools that may be used repeatedly when building the preparedness elements above. After events that test the system, education, training, and communication activities that follow should be based on any deficiencies discovered in the response and applied to maintaining preparedness.

#### IV. Integration of Smallpox Preparedness Elements within Continuation Guidance for PA 99051

What follows is a template that organizes specific smallpox “recipient activities” that appear across all of the Focus Areas of this continuation guidance. The “recipient activities” are embedded within the three smallpox preparedness elements noted above.

**A. PREPARE FRONT LINE RESPONDERS BEFORE EVENT OCCURS:** Defined as providing vaccination, follow-up service, and training to those individuals who would be called upon to control and contain a smallpox outbreak.

##### RECIPIENT ACTIVITIES:

1. Appoint a coordinator for the National Smallpox vaccination Program. **(FOCUS AREA A)**
2. Develop a system to enhance public health capacity for recruitment and tracking of participants, data collection, storage, management, and reporting, and evaluation activities related to the National Smallpox Vaccination Program. **(FOCUS AREA E)**
3. Conduct an assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for special provisions for the liability protection and compensation for adverse events post-vaccination of healthcare personnel who participate in the National Smallpox Vaccination Program. **(FOCUS AREA A)**
4. Develop and regularly update a community-based online inventory that lists all available technical, clinical, epidemiological, and other expertise that could provide needed services during a smallpox outbreak. **(FOCUS AREA G)**



5. Enumerate the number and type of healthcare and public health personnel to serve as members on smallpox response (public health and healthcare response) teams who will be target recipients for vaccine. **(FOCUS AREA B)**
6. Enhanced Recipient Activity: Develop and maintain a registry of all public health personnel, health care personnel, public health workers, security staff needed to maintain public order, EMS staff needed to transport ill patients, hospital staff, private physicians and their staff who may be occupationally at risk to receive vaccination in the event of the release of smallpox. **(FOCUS AREA B)**
7. Enhanced Recipient Activity: Enumerate the number and type of key security staff needed to maintain public order, EMS staff needed to transport ill patients, hospital staff, private physicians and their staff who may be occupationally at risk during a smallpox outbreak - who will be target recipients for vaccine. **(FOCUS AREA B)**
8. Develop and provide education and training sessions on all components of the smallpox response plan, especially smallpox disease identification and reporting, contact tracing, training of vaccinators, training people to read “takes”, and recognition and management of adverse events after vaccination for healthcare workers, public health workers, security staff needed to maintain public order, EMS staff needed to transport ill patients, hospital staff, private physicians and their staff who may be occupationally at risk. **(FOCUS AREA G)**
9. Ensure that hospitals, clinics, and other participants in the National Smallpox Vaccination Program maintain a directory of smallpox vaccination team members and are provided regular updates on implementation of program activities with appropriate technical assistance. **(FOCUS AREA E)**

**B. RAPID IDENTIFICATION AND INVESTIGATION OF SUSPECT AND CONFIRMED CASES OF SMALLPOX:** Defined as disease surveillance for rash illnesses and laboratory analysis to rapidly detect a single case of smallpox and any subsequent cases.

RECIPIENT ACTIVITIES:

1. Improve the adequacy of state and local public health surveillance and reporting capacities related to smallpox, such as active surveillance for rash illnesses and monitoring for adverse events following vaccination. **(FOCUS AREA B)**
2. Develop a comprehensive smallpox response plan that incorporates post-event plans from participating hospitals. Exercise the plan so it can be rapidly executed to control and contain the consequences of a smallpox outbreak should the outbreak occur within the project’s jurisdiction. **(FOCUS AREA B)**



3. Identify the laboratories that have the capacity for LRN-validated testing and reporting of *Variola major*, *Vaccinia* and *Varicella* through human and environmental samples (BioWatch). **(FOCUS AREA C)**
4. Appoint a liaison from the state or local LRN-member laboratory to participate in meetings and conference calls with smallpox steering committee, stakeholders, and any other activities relevant to LRN operations and smallpox activities. **(FOCUS AREA C)**

**C. PROTECTION OF THE PUBLIC:** Defined as assuring public health has the capacity to rapidly protect the public through large-scale smallpox vaccinations, once a case of smallpox is identified anywhere in the world.

RECIPIENT ACTIVITIES:

1. Describe the procedure that will be used to monitor, store, and manage large quantities of smallpox vaccine within smallpox response resources (hospitals, healthcare facilities, public health clinics). **(FOCUS AREA A)**
2. Enumerate staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#). **(FOCUS AREA G)**
3. Train staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, [Guidelines for Smallpox Vaccination Clinics \(Annex 2\)](#) and [Smallpox Vaccination Clinic Guide \(Annex 3\)](#). **(FOCUS AREA G)**
4. Develop and exercise a large-scale smallpox vaccination plan that will provide vaccine for the project's entire population and can be rapidly executed once a case of smallpox disease has been identified anywhere in the world. This plan will be implemented in conjunction with the smallpox response plan mentioned above that will aid in controlling and containing a smallpox disease outbreak should it occur within the project's jurisdiction. The plan should address: patient screening; clinic operations; outreach; adverse event monitoring and management; reading of takes; and evaluation. **(FOCUS AREA B)**
5. Following exercise, assess training needs for smallpox preparedness as it pertains to



large-scale vaccination clinics — with special emphasis on emergency department personnel, intensive care unit staff, general medical staff (including physicians that will likely encounter adverse events), infectious disease specialists, security personnel, housekeeping staff, other healthcare providers, and public health staff. **(FOCUS AREA G)**

6. Enumerate participants in a public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox. **(FOCUS AREA F)**
7. Test responsiveness of participants in a public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox. **(FOCUS AREA F)**
8. Develop communications materials for dissemination regarding smallpox training and education for local stakeholders, such as community members, school representatives, physician, local emergency service responders, and the general public. **(FOCUS AREA F)**